

CERTIFICATE OF EXPRESS MAILING

(Attorney Docket No: 005222.00281)

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Deposited January 18, 2006

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By: mill with

Application of:

Guheen et al.

Serial No.:

10/662,037

Filing Date:

<u>September 12, 2003</u>

Title:

Business Alliance Identification In A Web Architecture Framework

Transmitted herewith are the following documents:

X Response to Office Action (6-pages)

X Terminal Disclaimer Form (1-page)

<u>X</u> Information Disclosure Statement (1-page)

X Information Disclosure Statement by Applicant Form PTO/SB/08a (1-page)

X 3 Cited References

X Fee Transmittal Form (in duplicate)

X Transmittal Form

X Return Receipt Postcard

Attorney Case No.: 0052

005222.00281

01-19-06

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Total Number of Pages in This Submission

Application Number 10/662,037

Filing Date 09/12/2003

First Named Inventor Michael F. Guheen

Art Unit 3639

Examiner Name Thomas A. Dixon

Attorney Docket Number 005222.00281

	ENCLOSURES (check all that	apply)					
Fee Transmittal Form	☐ Drawing(s)		After Allowance Communication to TC				
Fee Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences				
Amendment / Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After Final	Petition to Convert to a Provisional Application		Proprietary Information				
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Addre	ess	Status Letter				
Extension of Time Request	□ Terminal Disclaimer		Other Enclosure(s) (please identify below):				
Express Abandonment Request	Request for Refund		Certificate of Express Mailing IDS References				
	CD, Number of CD(s)						
Information Disclosure Statement	Landscape Table on CD						
Certified Copy of Priority Document(s)	Remarks The Commissioner is authorized to debit or credit any overpayment or deficiency from our Deposit Account No. 19-0733.						
Reply to Missing Parts/ Incomplete Application							
Reply to Missing Parts under 37 CFR1.52 or 1.53	•						
SIGI	NATURE OF APPLICANT, ATTORI	NEY, OR	AGENT				
Firm	Banner & Witcoff, LTD.						
Signature Kennet Throuk							
Printed Name	Kenneth F. Smolik						
Date	i ianiiary ix ziirin - i	Reg. No.	44,344				
	CERTIFICATE OF TRANSMISSION	ON/MAIL	ING				

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450,

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First TRANSMITTAL Application Number 10/662,037 Fing Date 09/12/2003 Find Date 09/	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known							
JAN 1 8 1000 For FY 2005 Fine Date O9/12/2003 First Named Inventor Milchael F. Gulheen	FÉE TRANSMITTAL			Application Number	10/662,037					
First Named Timentor Michael F. Guheen	~ 2000			Filing Date	09/12/2003					
METHOD OF PAYMENT (check all that apply)				First Named Inventor	Michael F. Guheen					
METHOD OF PAYMENT (\$) 310.00	Applicant elaims small entity status. See 37 CFR 1.27			Examiner Name	Thomas A. Dixon					
Attorney Doublet No. O05222.00281 METHOD OF PAYMENT (check all that apply) Other (please identify) :	-	ENT	(A) 240 00		Art Unit	3639				
Check		(\$) 310.00		Attorney Docket No.	005222.00281					
Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2733. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2733. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2733. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2733. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2733. **EXECT LAIL SERVICE SERVI	METHOD OF PAYMENT (check all that apply)									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) Indicated below										
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Charge any additional fee(s) or underpayments of fee(s)	For the above-identit	fied depo	osit account, the	Director is he	reby authorized to: (ch	eck all that app	oly)			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION	⊠ Charge fee(s)) indicate	ed below		Charge	fee(s) indicated	d below, exce	pt for the filing fee		
### APAINING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. #### FILING FEES SEARCH FEE	Charge any a	dditional	fee(s) or under	payments of fe	ee(s) 🔀 Credit a	ny overpaymer	nts			
Residence PTO-2038. FEE CALCULATION	Under 37 CFR 1.16 and 1.17									
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Reissue 300 150 500 250 600 300	Design 2	00	100	100	50	130	65			
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant 26	00	100	300	150	160	80			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Total Claims Extra Claims Fee(\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee(\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S. C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Submitted BY Registration No. (Altorney/Agent) 43,344 Feephone (312) 463-5000	Reissue 3	00	150	500	250	600	300			
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Signature Registration No. (Attorney/Agent) 43,344 Telephone (312) 463-5000	SUBMITTED BY									
		mark	+2	91.	Registration No.	43.344	Telephone	(312) 463-5000		
	Name (Print/Type) Kenneth F. Smolik					101017				